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ABSTRACT

The guide delineates the expanded Louisiana migrant health program for the 1980-81 school year and focuses on the task of motivating migrant children to take responsibility for their own health. Fourteen unnumbered sections contain: an excerpt from the April 3, 1980 Federal Register stating conditions for grants to state education agencies; a program overview; an outline of the role of the Louisiana State Department of Education Migrant Supervisor of Supportive Services; a summary of migrant health goals; a description of services provided through migrant education; a list of records kept; guidelines for migrant program personnel to coordinate efforts with school staff; and Louisiana certification requirements for school nurses. Also included are a flow chart of organizational priorities; the monitoring instrument for health and support services; names and school addresses of the 20 migrant program nurses; names, telephone numbers and map locations of the 14 migrant education recruiters; sample forms; and a 22-page explanation of the migrant student health record, containing a coded health problems list and medical computer data procedures. The document concludes with the migrant handbook of the Louisiana Women, Infants and Children (WIC) Program which details all aspects of certification, delivery of services and transfer of information for migrants. (NEC)

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I Am Responsible For Me

Louisiana Migrant Education
Health Services
Bulletin 1554 (Revised 1980)
J. Kelly Nix, State Superintendent

RC 012811

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L O U I S I A N A

State Department of Education
Migrant Education Program

LOUISIANA MIGRANT EDUCATION HEALTH SERVICES

Authorized Under
Public Law 89-10, Amendment To
Title I Elementary and Secondary
Education Act of 1965, P. L. 89-750 and
Related Amendment P. L. 90-247, P. L. 91-230

Bulletin 1554
Revised 1980

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INTRODUCTION

Louisiana Migrant Education is expanding its health service program for the 1980-81 school session. We plan to reach the areas of health services, health curriculum and health environment through assessment, planning, implementation and evaluation. Preventive health care, as well as dental services, is a very important part of our program. However, through a structured curriculum in all areas of health service, we need to establish a health environment of awareness for migrant children. In view of health education's holistic approach, we hope to motivate the child to take the responsibility for his or her own health.

If conditions of poor health exist in our migrant families, attributed to inadequate diets and nutrition, we hope to improve this situation through education. It is our goal to educate the parents and children to facts about the importance of nutrition and diets, and hope to alleviate this problem.

Our new motto will be to impress upon migrant children that, "I am responsible for me." As examples: "I am what I eat," "My life is what I make it," "Good teeth depend on me," "I listen about health if I care about me," etc.

Migrant nurses must also assume the base principle for the motto and apply it to their working situations. Migrant nurses have more contact with the migrant children and their families, therefore, they should try to instill the idea of self-preservation, of pride, of hope, and, most importantly, strive to reinforce the feeling of self-worth in each child.

To assess this year's program we will collect data from nurses, teachers and parents, the people directly involved with the problems and needs of migrant children. We will make plans from their recommendations and input

in specific areas of concern. Through objectives and goals and a structured organized program we will try to implement the ideas set forth. Through inservice we will activate our plan of action and then evaluate our progress and make changes according to need.

FEDERAL REGISTER
Part VI
April 3, 1980

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION

Grants to State Educational Agencies to meet the special educational needs of migratory children.

116d.59 Under what conditions may supporting services be provided?

(a) General - An SEA or an operating agency may provide health, nutritional, social, or other supporting services with migrant education funds if ---

(1) These services are necessary to enable migratory children to participate effectively in instructional services; and

(2) In the case of an operating agency, that agency has first --

(i) Requested assistance from the SEA in locating and using other Federal and State programs to provide these services; and

(ii) Determined that funds or services from other programs are not available or are inadequate to meet the needs of the participating migratory children.

PROGRAM OVERVIEW

The Migrant Health Program is an organized program which extends from the coordination and supervision from the State level, to Health Educators (HE) and Social Worker (SW) operating on an area or regional basis, to LEA nurses or technicians who provide actual service on a parish level. The goal or objective of this program is to provide needed health services to migrant children participating in a Migrant Education instructional program. The migrant curriculum developed for each of the migrant health goals will be a guide for the LEA nurses/technicians. It will be the responsibility of the HE or SW to provide the necessary technical assistance to the LEA nurse/technician. Close coordination and communication will be developed between the HE and SW and the State Migrant Supervisor of Supportive Services.

The Migrant Health Program will be coordinated with other School Health Programs in order to eliminate supplanting. If a Migrant Nurse is prorated with another program, she must document her time spent with the Migrant Program and allow for all time prorated. A new form used for this purpose is included in this handbook.

ROLE OF THE LOUISIANA STATE DEPARTMENT OF EDUCATION MIGRANT SUPERVISOR OF SUPPORTIVE SERVICES

1. To coordinate and supervise the Migrant Health Program.
2. To plan state inservice training programs.
3. To coordinate the Migrant Health Program with other agencies.
4. To monitor and evaluate the program.
5. To coordinate documentation of health services.

The Louisiana Migrant Education Program, coordinating their efforts with other programs and agencies, will strive to ensure that all migrant children have good health to enhance their educational potential. The following services and goals will be implemented when not an actual function of another program.

MIGRANT HEALTH GOALS

1. Reinforce the concept that each child is responsible for his or her own health.
2. Conduct necessary health screening.
3. Identify health problems.
4. Make migrant families aware of health problems.
5. Promote and assist in health education.
6. Coordinate migrant health programs with other agencies.
7. Maintain and train personnel on how to keep health records.
8. Provide follow-up on referrals.
9. Assist parents in making referrals for health care.
10. Counsel families in health care.

SERVICES PROVIDED THROUGH MIGRANT EDUCATION

1. Establish routine contacts with schools.
2. Record immunizations and other health problems on MSRTS records.
3. Contact family for health and developmental history on all new enrollments. Do follow-up visits when necessary.
4. Weigh and measure all migrant students not checked by other programs.
5. Provide vision screening on all migrant students not checked by other programs as child enters school system. Notify parents of defects and refer to proper resource. Make referral and follow-up. Make purchases when all other resources have been exhausted.

6. Provide hearing screening on all migrant students not checked by other programs as a child enters the school system. Notify parents of defects and refer to proper resource. Make referral and follow-up. Make purchases when all other resources have been exhausted.

7. Provide dental screening with referral and follow-up and executing emergency care (toothache, bleeding gums and abscesses) for dental problems after all other sources have been exhausted. If funds are available, make referrals for preventive dental care.

8. Develop a curriculum in preventive dental care and utilize all resources in this area.

9. Develop a curriculum in nutrition and implement when feasible.

10. Develop a first aid program to make students aware of emergency treatment and existing dangers in an every day situation.

11. Provide scoliosis screening on all migrant students upon entering a school system, when not checked by other programs, with referrals, if necessary, to proper resource.

12. Serve as a liaison between parent, school and health community on problems not covered by other programs.

13. Provide health assessment for all migrant children when feasible. Test for hemoglobin count, urinalysis, sickle cell screening, C-trait in Vietnamese, and stool specimen, with referral to proper resource.

These services may be carried out by the aide or technician when not feasible for the nurse:

1. Make visits to migrant homes to promote the use of school health services, perform case finding and clinic follow-up procedures as detailed by the nurse.

2. Function as a preventive health educator and teach nutrition and good hygiene either in the home or in a group situation as directed by the nurse.

3. Help migrants with hospital admission procedures and offer predischarge counseling.

4. Arrange for transportation, with parents or guardian, as authorized by school for migrant families referred to specialists, laboratories, and hospital out-patient departments.

5. Conduct home visits with disabled patients in order to take vital signs and assess general health conditions.

6. Establish contact with and refer patients to social service agencies, such as Mental Health clinics, Welfare, Vocational Rehabilitation, etc.

7. Make regular field visits to homes of migrants to determine their health needs, and in consultation with the nurse or Migrant coordinator make appropriate referrals.

8. Work closely with local health departments to assure the migrants are aware of and utilize public services such as immunization clinics.

9. Work closely with the following agencies in a patient advocate role to assure that migrants receive services for which they are eligible:

   Maternal and Child Health Programs

   Crippled Children's Programs

   Community Mental Health Centers

   Alcohol Abuse and Alcoholism Programs

   Family Planning Programs

   Cancer Screening Programs of the National Cancer Institute

   Drug Abuse Programs

   Early Periodic Screening, Diagnosis and Treatment Programs

   Emergency Medical Services Programs

   Area Health Education Centers

   Home Health Programs

   Family Medicine Residency Programs

   Hemophilia Comprehensive Diagnostic and Treatment Centers

   Sickle Cell Screening and Education Clinics

   Other health delivery or health care oriented programs of Federal Agencies other than the Public Health Service

   State and local Health Departments

   Local schools

   Voluntary health agencies (heart, cancer, lung, etc.)

   Farmers Home Administration and Food and Nutrition Services of the Department of Agriculture

   State Cooperative Extension Services

   Local Labor Union groups

   Local industry

See State or Parish listings for other agencies in your parish.

Transportation Services to include:

1. Arrange transportation of patients by members of their families to and from clinic site for services; or, if feasible, through parish resources.
2. Pick up and deliver prescriptions from pharmacies when needed.
3. Arrange transportation of patients by members of their families to specialists within the state and local agencies, when referred by clinic physicians and dentists, or, if feasible, through parish resources.

Counseling Services

1. Counsel with migrant children and families on an individual basis and in group situations to enhance health care, and make them aware of existing health problems.
2. Make referrals and follow-up counseling as needed by migrant children and their families.
3. Counsel with teachers and other school nurses to identify health problems.

Through the aforementioned methods, the preventive health component of the Migrant Education Health Program will strive to enhance the access to and the quality of health care to migrant families in Louisiana.

Follow-up

1. Make home visit or phone call to migrant parents to substantiate if a service has been rendered.
2. Consult with teacher or other school nurse to substantiate if service rendered was helpful or if another service is needed.
3. To act as a liaison between parents, school and community to make them aware of student health problems and possible alternative treatment.

RECORDS

1. Forms developed by the SEA are designed to obtain background information to be coded on the MSRTS transfer records.
2. Nurses should utilize all records and health data collected by other school nurses or Health Agencies. A service has been rendered to migrant children through the process of utilization of health data collected.

3. A medical codes list is a part of this handbook, and although it will be up-dated from time to time, this list will serve as a basis of information for health coding. New information will be disseminated to you by the SEA, Migrant Office.

4. Nurses are responsible for medical records; however, you may get assistance from a migrant record clerk, depending on the policy of the parish. THE FACT REMAINS THAT YOU ARE RESPONSIBLE FOR THE MIGRANT HEALTH RECORDS.

MIGRANT HEALTH SERVICE PROGRAM GUIDELINES

The Migrant Health Educators, Social Workers, nurses, aides, and technicians should strive to coordinate their efforts with the school staff.

The Migrant Personnel:

1. Should be knowledgeable of parish school laws and regulations.
2. Should comply with parish administrator's guidelines with directives from the State Supervisor of Support Services.
3. Should establish a good working relationship with other school nurses.
4. Should establish a good rapport with Health Unit and other health agencies.
5. Should be knowledgeable of Federal Regulations for migrant children in the area of Support Services.
6. Should maintain documentation of time prorated with other programs.
7. Should document all services administered to migrant children.
8. Should research parish and state to utilize all available resources.
9. Should be responsible for MSRTS Health records.
10. Should assess the immediate health needs of migrant children and their families during the initial home visit.
11. Should counsel with teachers, parents and others to assess the health needs of migrant children.
12. Should be responsible for inservice training for migrant health needs.
13. Should serve as a liaison between parent, school and health community.
14. Should establish innovative preventive health education programs.

15. Should make full use of existing equipment and facilities, such as Title I, etc., before requesting funds for duplication.

16. Should use all available resources for health services before using migrant funds.

PROFESSIONAL SCHOOL NURSE QUALIFICATIONS

To become certified as a nurse in the schools of Louisiana, the applicant must meet the following requirements:

Type A Certification (Valid for life for continuous service)

A. Hold current license as a registered professional nurse in the State of Louisiana, and have a baccalaureate degree from a regionally accredited college or university.

B. Have a minimum of 3 years' experience as a certified (Type B) school nurse.

Type B Certification (Valid for five years; renewable upon completion of 6 hours of a school nursing program and/or related education courses.)

A. Hold current license as a registered professional nurse in the State of Louisiana.

B. Have a minimum of 2 years' experience as a school nurse.

C. Have completed at least 6 semester hours of school nursing from a college or university having a state or regionally accredited program.

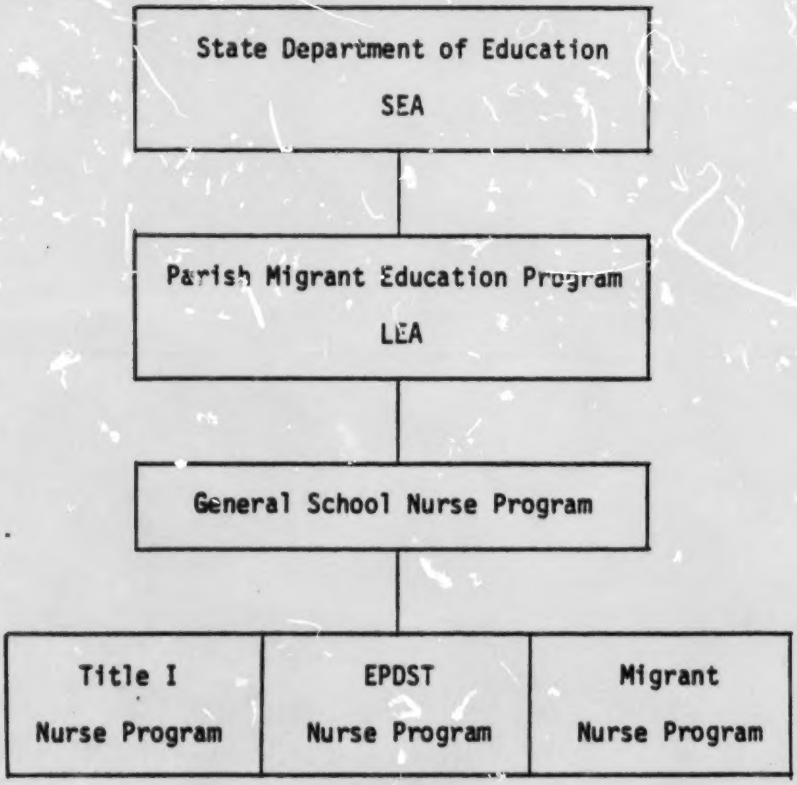
Type C Certification (Valid for three years; not renewable)

A. Hold current license as a registered professional nurse in the State of Louisiana.

B. Have a minimum of 2 years' experience as a registered professional nurse.

*Copied from Louisiana Department of Education Bulletin 746 (1976)
**Changes in qualifications are forthcoming and will be disseminated to you.

PRIORITY CHART



Migrant services are:

Over and above General Program

Over and above Title I

Over and above EPSDT

Over and above other available services

MIGRANT EDUCATION

MONITORING INSTRUMENT FOR

HEALTH AND SUPPORT SERVICES

IV. SUPPORTIVE SERVICES

	YES	NO
A. STAFF		
1. Can the supportive staff members employed through the migrant project be readily identified with the migrant project activities?	_____	_____
2. Have migrant supportive staff members been informed of their specific job responsibilities?	_____	_____
3. Is the district implementing the activities and services listed in the approved project?	_____	_____

B. SERVICES	NUMBER OF CHILDREN SERVED
1. Screening	_____
2. Referral	_____
3. Purchasing of Medication	_____
4. Transportation	_____
5. Purchasing of Glasses	_____
6. Purchasing of Hearing Aids	_____
7. Counseling	_____
8. Follow-up Service	_____
9. Health Education	_____
10. Preventive Dental Care	_____
11. Dental Services	_____
12. Clothing	_____
13. Needing Service and not Receiving Treatment	_____

C. COORDINATION	YES	NO
1. Have the following agencies been coordinated with:		
(a) ESEA Title I Program	_____	_____
(b) Community Agencies (List)	_____	_____
_____, _____, _____		
(c) Volunteer Organizations (List)	_____	_____
_____, _____, _____		
(d) Regular School Program	_____	_____
(e) EPDST	_____	_____
2. Have all available resources been utilized?	_____	_____

	YES	NO
3. Are all nurses aware of other resources?	_____	_____

D. DOCUMENTATION

1. Do prorated staff personnel maintain a log of hours spent in Migrant Education?	_____	_____
Is the log up-to-date?	_____	_____
2. Are follow-up services documented?	_____	_____

How? _____

_____

MIGRANT EDUCATION

NURSES AND RECRUITERS

G - General
M - Migrant
T - Title I
S - Summer Program
O - Other School Programs

MIGRANT NURSES

Ms. Leslie Beassie
General Migrant Nurse
Allen Parish Schools
P. O. Drawer C
Oberlin, LA 70655
(318) 639-4311 G/M

Ms. Chris Brewer
Migrant Nurse
Avoyelles Parish Schools
201 Tunica Drive West
Marksville, LA 71351
(318) 346-2994 Ext. 244 M

Ms. Neil Colligan
Migrant Nurse
Cameron Parish Schools
P. O. Box W
Cameron, LA 70631 M/S
(318) 775-5784

Ms. Florence Andrus
Migrant Nurse
Evangeline Parish Schools
403 West Magnolia Street
Ville Platte, LA 70586
(318) 363-5268 M/S

Ms. Diane Pennison
General Migrant Nurse
Grant Parish Schools
P. O. Box 208
Colfax, LA 71417
(318) 627-5974 G/M

Ms. Shirley Bickham
General Migrant Nurse
Iberville Parish Schools
P. O. Box 151
Plaquemine, LA 70764
(504) 687-7626 G/M

Ms. Rebecca Surber
General Migrant Nurse
Jackson Parish Schools
P. O. Box 705
Jonesboro, LA 71251
(318) 259-4456 G/M

Ms. Bobbie Sharp
Migrant Nurse
LaSalle Community Action Agency
1506 Fourth Street
Jonesville, LA 71343
(318) 339-9500 M

Ms. Gayle Lindsey
Migrant Nurse
Natchitoches Parish Schools
P. O. Box 16
Natchitoches, LA 71457
(318) 352-2358 M

Ms. Stephanie Jones
Migrant Nurse
Orleans Parish Schools
731 St. Charles Avenue
New Orleans, LA 70130
(504) 524-8592 M

Ms. Rita Caldwell
Migrant Nurse
Ouachita Parish Schools
701 St. John
Monroe, LA 71201
(318) 387-6717 G/M

Ms. Fran Dowdy
Migrant Nurse
Rapides Parish Schools
3443 Prescott Road
Alexandria, LA 71301
(318) 442-8321 M

Ms. Gail Batiste
Migrant Nurse
St. Landry Parish Schools
P. O. Box 310
Opelousas, LA 70570
(318) 948-3657 M/S

Ms. Theresa LeVasseur
Migrant Nurse
St. Martin Parish Schools
111 Courville Street
Breaux Bridge, LA 70517
(318) 332-2105 M/O

Ms. Barbara Gorman
Ms. Sandri Blonco
Ms. Marie Dupre
General Migrant Nurses
St. Mary Parish Schools
P. O. Drawer 580
Franklin, LA 70538
(318) 828-0552 G/M

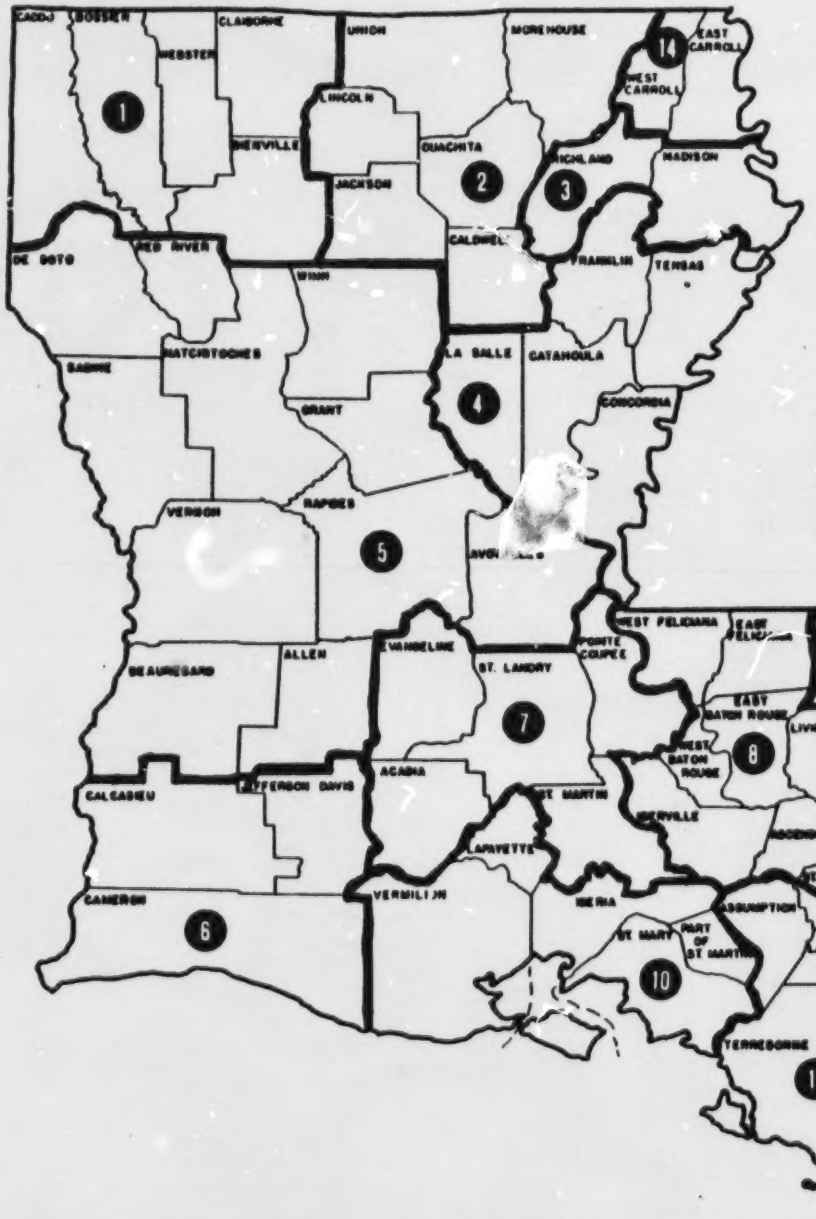
Ms. Sue Peterson
General Migrant Nurse
Sabine Parish Schools
P. O. Box 426
Many, LA 71449
(318) 256-2073 G/M

Ms. Sherril Hutchinson
Migrant Nurse
Tangipanoa Parish Schools
313 East Oak Street
Amite, LA 70422
(504) 386-6433 M/S

Ms. Mary Cannon
General Migrant Nurse
Tensas Parish Schools
P. O. Box 318
St. Joseph, LA 71366
(318) 766-4314 G/M

Ms. Mary Genelle Baker
General Migrant Nurse
West Baton Rouge Parish Schools
670 Rosedale Street
Port Allen, LA 70767
(504) 343-8405 G/M

Ms. Johnny Fergerson
Title I Migrant Nurse
West Carroll Parish Schools
P. O. Box 109
Oak Grove, LA 71263
(318) 428-4215 T/M/S



STATE OF LOUISIANA

MIGRANT EDUCATION RECRUITERS AND PHONE NUMBERS

1. James Coleman - (318) 965-2281
2. Beth Wofford - (318) 387-6417
3. Verleen Holland - (318) 728-4573
4. Denise Martin - (318) 339-9500
5. Bob Tullis & Parks Sansing - (318) 442-8321
6. Lois Marcantel - (318) 775-5784
7. Delores Batiste - (318) 948-3657
8. Jo Edna Roberts - (504) 926-2790
9. Thelma Thomas - (504) 748-7153
10. Earl Veeder - (318) 828-0552
11. Jelpi Picou - (504) 876-7400
12. Jim Canfield - (504) 368-6402
13. Le Van Nguyen & Lois LeBeaud - (504) 524-8592
14. Kenny Herring - (318) 428-4215

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FORMS USED FOR THE

MIGRANT EDUCATION HEALTH PROGRAM

PRORATED MIGRANT EMPLOYEE LOG

(WEEKLY)

MIGRANT EMPLOYEE: _____

MIGRANT POSITION: _____

MIGRANT PERCENTAGE: _____% TOTAL WORK HOURS/WEEK: _____

SOURCE(S) OF REMAINING FUNDING AND PERCENTAGE(S)

_____ - _____% _____ - _____%
Program Program

MIGRANT SUPERVISOR: _____

DATE	HOURS	TASK(S)
TOTAL		

MIGRANT SUPERVISOR CHECK: _____
Date/Initial

LOUISIANA MIGRANT HEALTH WORK SHEET

KEY

A - L: January (A) February (B), etc.
1 - First shot in a series
2 - Second shot in a series
3 - Third shot in a series
4 - 7: Reserved for expanding of a series
NA - No Abnormality
DS - Disease
NR - No Results
R - Referral
AB - Abnormality
SC - Screening

Provided Services - [X] Needed Services - [✓]

SCHOOL: _____ LOCATION: _____ PARISH: _____

NAME	STUDENT NUMBER	DATE:	IMMUNIZATIONS										PATIENT HISTORY								PERTINENT DATA						
			DPT	TD	POLIO	MMR	MEASLES	MUMPS	RUBELLA	SMALL POX	OTHER		WEIGHT	HEIGHT	URINE	HEMO	SCOLIOSIS	VISION	HEARING	BLOOD PRESSURE	OBSERVATION	URGENT NON-URGENT	CONTACT PERSON LISTED	YES OR NO	CONFERENCE	RECOMMENDATION	HOME VISIT	PHONE CALL

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Contact Data Worksheet

REFERENCED BACK TO HEALTH RECORD WORKSHEET. YOU MAY USE AS MANY AS 900 ALPHA CHARACTERS IN CONTACT DATA.

name	student number	data

LOUISIANA MIGRANT PROGRAM

REFERRAL SHEET OR REQUEST FOR SPECIAL SERVICES

SCHOOL:_____ DATE:_____

STUDENT:_____ GRADE:_____

PARENT/GUARDIAN:_____ TELEPHONE:_____

ADDRESS:_____ BIRTHDATE:_____

TYPES OF SERVICES REQUESTED:

DENTAL ☐ VISION ☐ HEARING ☐ MEDICAL ☐ SUPPORTIVE ☐

OBSERVED REASONS FOR MAKING REQUEST/REFERRALS:_____

_____

_____

_____

_____

_____

_____
Person Making Referral/Request

_____

COMMENTS:_____

_____

_____

_____

_____

_____

LOUISIANA MIGRANT EDUCATION PROGRAM

STUDENT'S NAME _____ DATE OF BIRTH _____

SEX _____ RACE _____ PHONE _____

PARENT/GUARDIAN _____

HOME ADDRESS _____ ZIP CODE _____

STUDENT'S SCHOOL _____ TEACHER _____

UNDER THE SCHOOL HEALTH SCREENING PROGRAM, YOUR CHILD IS ELIGIBLE FOR THESE SERVICES:

VISION SCREENING, HEARING SCREENING, MEASURING AND WEIGHT, BLOOD TESTS TO DETERMINE ANEMIA, URINALYSIS, DENTAL SCREENING, AND A HEALTH ASSESSMENT BY THE NURSE. THE NURSE WILL ASSIST THE MOTHER IN REFERRING THE STUDENT FOR DIAGNOSIS AND TREATMENT SHOULD A DEFECT BE FOUND.

I WILL MEET WITH THE SCHOOL NURSE IF NECESSARY, TO DISCUSS MY CHILD'S HEALTH PROBLEMS. YES_____ NO_____

I GIVE MY PERMISSION FOR MY CHILD TO TAKE PART IN THESE SERVICES.

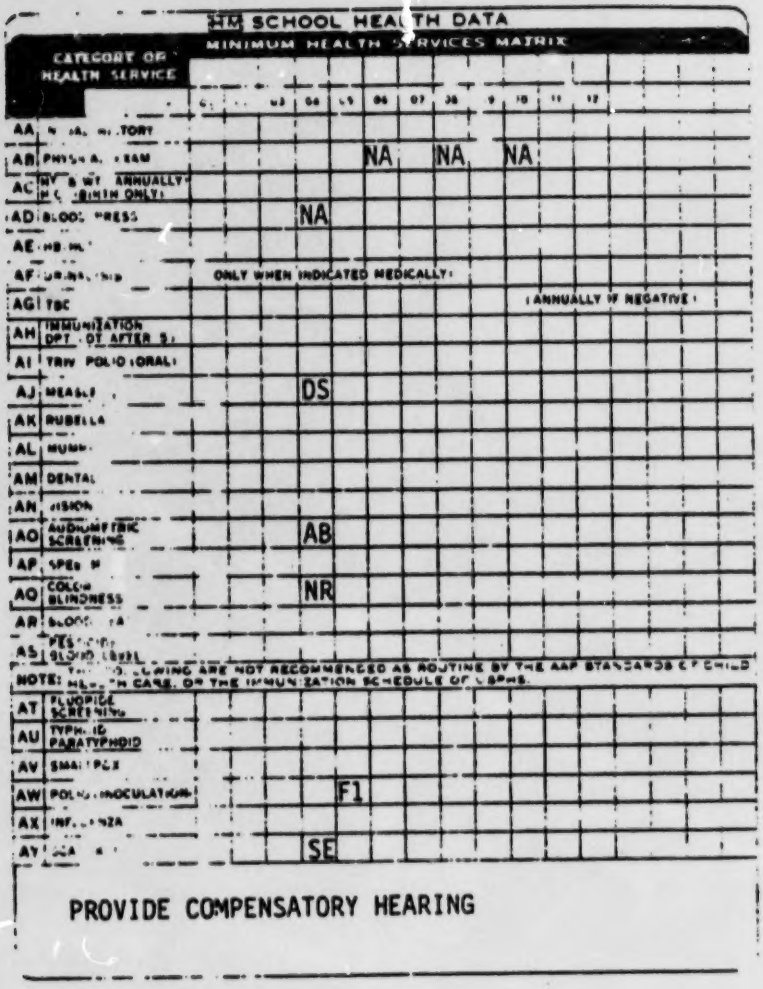
DATE_____ X_____
SIGNATURE OF PARENT OR GUARDIAN

EXPLANATION OF MIGRANT HEALTH RECORD

HM (Health section of School Health Data)

This section is designed to provide a longitudinal picture of the various injections and tests the child has received. It is used to record health data pertinent to the migrant student and appears on both the Uniform Migrant Student Transfer Form and the Uniform Migrant Student Medical Transfer Form. It serves to inform school and health personnel of the health services that the migrant child has received and the outcomes. As you observe the School Health Data Section, you will notice that the names of the services are listed on the left side and numbers representing ages are shown at the top. Entries are made on the appropriate line and under the age at the time of administration. The ages can be represented by either months or years as indicated to the left of the 01 column. The columns running along the top represent the age of the child while the side shows what test has been performed. Medical data should be entered in this section only by an individual who has the medical expertise to do so. This is generally done by a professional nurse.

The Health Data section can alert teachers and other educators to any health conditions which could affect the child's educational activities (vision, hearing, dental, etc.).



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1. Codes to be entered in cells:

   NA = no abnormality (if NA appears in the cell defined by 04 and AD, it means the child had his blood pressure checked at age four and no abnormality was detected)

   AB = abnormality (something abnormal was detected; the cell defined by 04 and AO means an abnormality was detected during a hearing screening)

DS = disease (the child had a sickness like measles, but is now cured; the cell defined by 04 and AJ means the child had measles)

NR = no results (the cell defined by 04 and AQ means no results were obtained)

SE = screening performed (the cell defined by 04 and AY shows that a sickle cell test was performed and negative results were obtained)

NA = no abnormality

DS = disease

NR = no results

AB = abnormality

SE = screening performed

2. Immunization Codes

Inoculation By Month/Series

MONTH	CODE
January	A
February	B
March	C
April	D
May	E
June	F
July	G
August	H
September	I
October	J
November	K
December	L

Series Number

1 = First of series

2 = Second of series

3 = Third of series

8 = Only one shot needed

9 = Booster

Using this system, "F1" placed in the cell defined by AW and 06 would indicate that the child received his first polio inoculation in June and he was six years old at the time.

When making entry on a Student Form use the alpha character first and numeric second.

Example:

SERVICE	AGE	OUTCOME
polio	06	F1

06 = age when given
F = June
1 = First shot of series

3. Educational Health Linkages

Other health information appearing on the lower left Medical Record is called Education-Health Linkages. This information will appear as a brief statement which describes action that may be taken by the teachers to compensate for known health problems and is contained also on the student's Uniform Migrant Student Transfer Form which does not contain the name of the health problem.

Medical Condition of child may require or result in:

Activity
101 limit frequency, duration and intensity of physical activity.

Provide Compensatory
201 visual environments
202 hearing environments
203 motor environments
204 speech environments
205 nutrition environments
206 Consult health provider concerning other compensatory action.

HP

The Health Problem Section will show a summary of all reported health problems of the child. This record is not intended to provide comprehensive medical information for classroom use. Names of health problems are contained in your Health Problem Code Table. A detailed description of the content of the Health Problem List is given in the Coding Section of this manual.

All health problems, of great enough importance that others should know about them, will be listed in this section. Moving left to right: (refer to example of Health Problem Section)

01 - The problem number (01) will be assigned by the computer.

02 - The date the problem was first detected will be registered in 02.

03 - corresponds to the identifying code reported to the computer. (Each medical problem and/or disease has a designated code number which will be entered under the 03 section. A complete list is included in this manual.

04 - This column is designed to elaborate on the status of the problem. To show this, a "1" will be typed under either active, dormant, or resolved.

05 - indicates whether the problem is chronic or acute

06 - Whether or not the condition is urgent will be clarified by 06 (Y = yes, N = no).

07 - The four possibilities for treatment administered: curative, maintenance, no RX (no medication), referred.

08 - Recommendations:

Found in the box labeled "follow-up interval" will be letters and numbers which recommend the time interval which medical personnel advise should elapse before the child returns to them for further treatment of his problems (10 = 10 months, W3 = 3 weeks, D6 = 6 days, etc.) The date to the right shows when the next treatment should come.

09 - Contact Data

Contact data consists of any extra information relating to specific health problems. It may elaborate on the problem or give names and addresses of those people who can supply additional information. All contact data will appear in the blank space below the health problem list. Contact data provides you an opportunity to check with previous medical authorities who have valuable information. Contact data could consist of the name, address or telephone number of a medical person, agency or institution having information concerning particular health conditions. (See example.) This may be information that could not be placed on the Medical Record with a code such as description of "X-ray," laboratory results, or confidential data.

10 - Cell ID:

Information entered by computer which corresponds to the problem number in the 01 column plus the child's age. (AA08 would indicate a problem found in the initial history at the age of eight.)

Example of the Health Problem Section - (HP)

HP HEALTH PROBLEM LIST

PROBLEM DATA:									TREATMENT DATA				REF DATA	
	PROBLEM NUMBER	DATE OF ENCOUNTER MO DAY YR	NAME	CODE	ACTIVE/INACTIVE									
AA	01	05 0273	ANEMIA	0404	X		X	X	X		1D705	0973	X	AA08

CONTACT DATA:

AA01 PLEASE CONTACT DR. CLEO JOHNSON, P.O. BOX 147, LEWISVILLE, ARKANSAS 32410, PHONE 501/375-5233

BEST COPY AVAILABLE

Utilization of the Migrant Medical Record

Data on the medical record will indicate either acute or chronic illnesses or those problems requiring periodic evaluation. These indicators inform the user of medical services needed, and limitations on physical activities as well. The medical record when properly utilized serves as a basic needs assessment in planning health care and establishing priorities by:

1. Avoiding duplication of health care efforts
2. Sociological data
3. Determining immunization needs
4. Identifying existing medical problems
5. Communicating individual health data
6. Contacting/Receiving health data

When a child is enrolled in a migrant program, the nurse should automatically receive an MSRTS record for that child. It is most important that the nurse review this record immediately and take note of the pertinent health information.

The MSRTS will be of most value if reviewed in the following sequence:

1. Section SI - verifying that this is the correct record for the child enrolled
2. Section HP - noting existing medical problems and contact data (04 thru 09)
3. Section HM - reviewing health information and needed health care

4. E-H Linkages

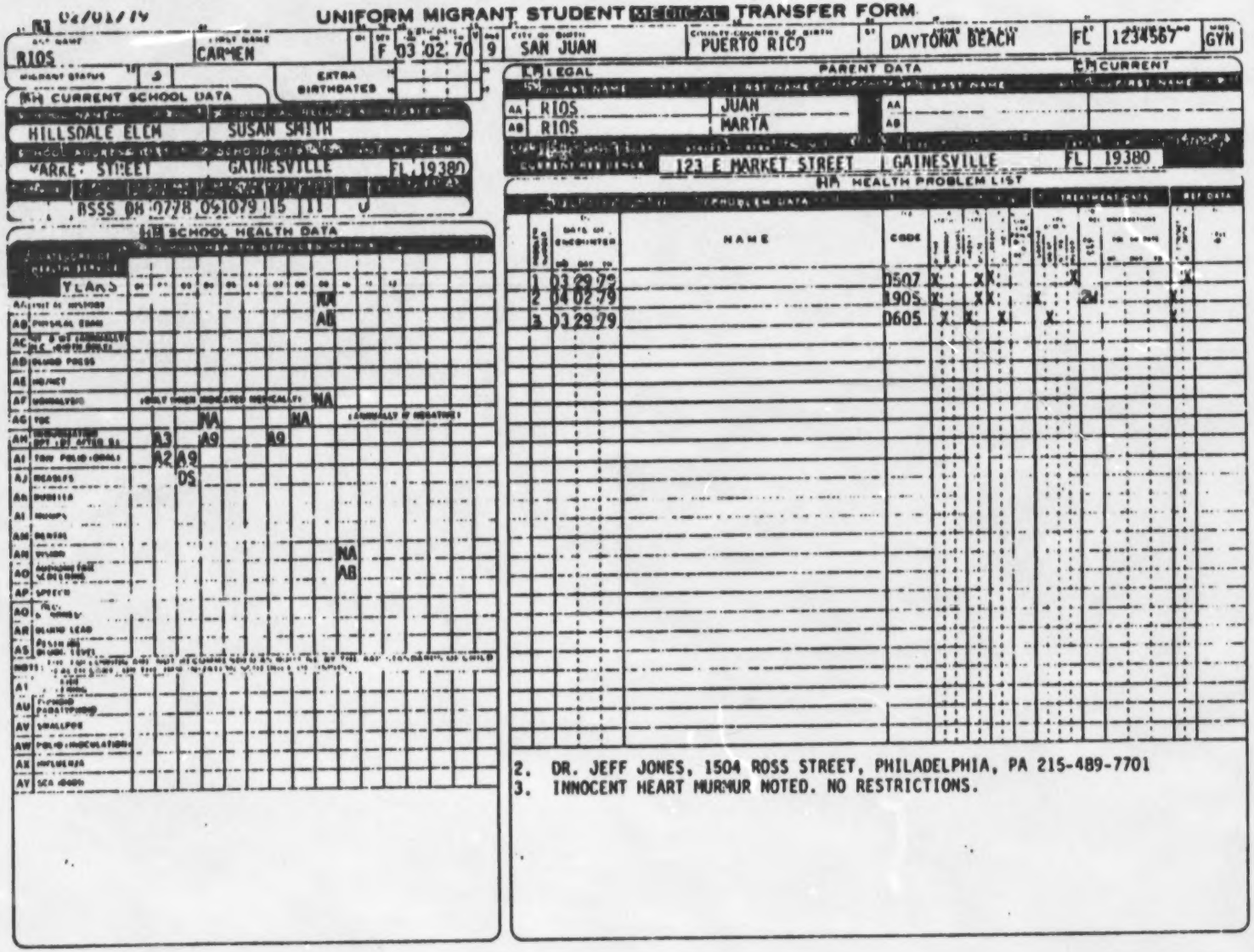
Entering Information on the MSRTS

In order for information to be accepted by the computer, information must be entered in a certain manner. Below is a typical health history of a nine-year-old migrant child.

Carmen Rios

1. Normal initial history
2. Normal visual screening
3. Abnormal hearing on 3/29/79
4. Abnormal physical exam - Diagnosis: bilateral otitis media found on 3/29/79 and innocent heart murmur
5. Bilateral myringotomy on 4/2/79 by Dr. Jeff Smith, 1504 Durante St., Philadelphia, Pa., Phone No. - 215-489-7481
6. Normal urinalysis
7. Immunizations include:
   a) DPT series completed in January at age 2, boosters in January at ages 4 and 7
   b) Polio series completed in January at age 2, booster in January at age 3
   c) Tuberculosis skin test neg. at ages 4 and 8
   d) Had measles disease at age 3

The following MSRTS form indicates how the above health information would be coded onto the MSRTS form.



UNIFORM MIGRANT STUDENT MEDICAL TRANSFER FORM

LAST NAME	FIRST NAME		DATE OF BIRTH	AGE	CITY OF BIRTH	COUNTY/COUNTRY OF BIRTH	ST			
RIOS	CARMEN		F 03 02 70	9	SAN JUAN	PUERTO RICO		DAYTONA BEACH	FL	1234567	GYN

MIGRANT STATUS: S

EXTRA BIRTHDATES:

SCHOOL DATA

SCHOOL NAME	PRINCIPAL/TEACHER
HILLSDALE ELEM	SUSAN SMITH
MARKET STREET	GAINESVILLE FL 19380

ASSS DH 0778 091079 15 11 U

SCHOOL HEALTH DATA

	YEARS												
AA										NA			
AB										AB			
AC													
AD													
AE													
AF										NA			
AG					NA				NA				
AH		A3		A9			A9						
AI		A2	A9										
AJ			DS										
AK													
AL													
AM													
AN											NA		
AO											AB		
AP													
AQ													
AR													
AS													
AT													
AU													
AV													
AW													
AX													
AY													

PARENT DATA

	LEGAL LAST NAME	LEGAL FIRST NAME		CURRENT LAST NAME	CURRENT FIRST NAME
AA	RIOS	JUAN	AA		
AB	RIOS	MARTA	AB		

CURRENT MAILING ADDRESS: 123 E MARKET STREET GAINESVILLE FL 19380

HA HEALTH PROBLEM LIST

| | DATE OF ENCOUNTER | NAME | CODE | | | | | | | | | | | | |

The Health Problem Code Table

The Health Problem Code Table included in this manual is utilized in the HP section, column 03. These codes designate disease conditions and/or medical problems.

For example, if a child has diabetes, the code number 0301 will be placed in column 03. The computer will then automatically print out the health problem in the "name" column of section HP as "diabetes mellitus."

In the preceding sample HP section, the child had an innocent heart murmur. There is no designed code for "heart murmur"; however, there is a more general code, number 0605 - Other Problems of the Circulatory System/Other Heart. This general code can be utilized for recording the heart murmur as long as there is accompanying contact data (which appears in lower right section). This contact data explains the specific medical problem.

MSRTS HEALTH PROBLEMS LIST
06/24/80

CODE	HEALTH PROBLEM	EH LINKAGES
1400	ACCIDENTS, TRAUMA AND INJURIES	
1401	FRACTS. OF SKULL,SPINE,AND TRUNK	206
1402	FRACTS. OF EXTREMITIES	206
1403	DISLOC, SPRAIN, STRAIN	206
1404	LACERATION, OPEN WOUND	206
1405	BURNS	206
1406	POISONING-TOXIC EFFECT	206
1500	ALLERGIC CONDITIONS TO EXTRANEOUS AGENTS	
1501	DETERGENTS	206
1502	OILS AND GREASE	206
1503	SOLVENTS	206
1504	DRUGS	206
1505	CHEMICALS	206
1506	FOODS	205 206
1507	PLANTS	206
1508	ANIMALS	206
1509	ULTRA-VIOLET RADIATION (EXCEPT SUNBURN)	206
1510	UNSPECIFIED CAUSE	206
1511	ASA ASPIRIN	206
1512	PENICILLIN	206
1513	INSECTS	206
1514	WASP OR BEE STINGS	206
1515	HORSE SERUM	
1800	COMMUNICATIVE DISORDERS	204
1801	DISORD ARTICULATION	204
1802	DISORDERS OF VOICE	204
1803	DISORD LANG. SYMBOLIZAT	204
1804	DISORD RHYTHM (STUTTER)	204
1200	CONGENITAL ANOMALIES	
1201	CARDIO-VASCULAR (HEART DEFECT)	101 206
1202	CONGENITAL HIP (POSSIBL MOTOR IMPAIRMENT)	203
1203	CLEFT LIP/PALATE (POSS. SPEECH IMPAIRMENT)	204
1204	OTH CONGENIT. ANAMOLIES	206
1205	HERNIA	101 206
1206	UMBILICAL HERNIA	101 206
1207	NYSTAGMUS	201
1208	STRABISMUS	201
1209	HEART MURMUR	
1210	FLAT FOOTED	
1211	FAILURE TO THRIVE	
1700	DENTAL HEALTH	205 206
1701	EXTRACTION	
1702	FILLINGS	
1703	PARTIAL	
1704	DENTURES	
1705	BRACES	
1706	PROPHYLAXIS	
1707	PERMANENT BRIDGE	
1708	ROOT CANAL	
1709	CAPPING	

CODE	HEALTH PROBLEM	EH LINKAGES
1710	REFERRAL	
1711	CAVITIES	
1712	FAILED DENTAL SCREENING	
1713	FLUORIDE SCREENING	
1714	FLUORIDE TREATMENT	
1715	FLUORIDE RINSE	
1716	DENTAL SCREENING	
1717	ABSCESS SCREENING	
1718	PULPOTOMY	
1100	DISEASES OF MUSCULO-SKELETAL SYSTEM	
1101	ARTHRITIS/RHEUMATISM	101 203
1102	OTHER DISEASES OF THE MUSCULO-SKELETAL SYSTEM	101 203
1103	SCOLIOSIS SCREENING	
1104	LEG PERTHES	
1105	SCOLIOSIS SCREENING-NEGATIVE	
1106	LORDOSIS SCREENING	
1107	PODIATRIC SCREENING	
1108	OSGOOD SCHLATTERS DISEASE	
1109	SPINAL SCOLIOSIS	
1110	ARTHROGRIPOSIS	
0400	DISEASES OF THE BLOOD FORMING ORGANS	
0401	SICKLE CELL ANEMIA	101 203 206
0402	HEMOPHILIA	101 203 206
0403	LEUKEMIA	101 203 206
0404	ANEMIA	101 203 206
0405	GLYCEMA	101 203 206
0600	DISEASES OF THE CIRCULATORY SYSTEM	
0601	CARDIOVASCULAR DISEASES	101
0602	CEREBRAL VASC. ACCIDENT	206
0603	HYPERTENSION	206
0604	RHEUMATIC FEVER/RHEUMA-TIC HEART DISEASE	101 206
0605	OTHER PROBS OF CIRCULA-TORY SYSTEM/OTHER HEART	206
0800	DISEASES OF THE DIGESTIVE SYSTEM	
0801	DISEASES OF THE LIVER	206
0802	GASTROENTERITIS/COLITIS	
0803	OTHER PROB OF DIGESTIVE SYSTEM	206
0804	ESOPHAGUS MALFUNCTION	
0805	DRAIN PLUGGED SALIVARY GLAND	
0900	DISEASES OF THE GENITO-URINARY SYSTEM	
0901	DISEASES OF THE KIDNEY/ BLADDER	206
0902	DISEASES OF GENITAL ORG	206
0903	OTHER GENITO-URINARY	206
0904	HYDROCELE	
0500	DISEASES OF THE NERVOUS SYSTEM	
0501	PARAPLEGIC/QUADRAPLEGIC	101 203 204 206
0502	BLIND/PARTIALLY BLIND	201 203
0503	CATARACT (EXCEPT CONGENITAL)	201 203
0504	DEAF/PARTIALLY DEAF	202
0505	GLAUCOMA	201
0506	MTR NEURON DISORDER(INC POST-POLIO)MTR IMPRMNT	101 203

CODE	HEALTH PROBLEM	EH LINKAGES
0507	OTITIS MEDIA	202
0508	OTHER EAR PROBLEMS	202
0509	OTHER EYE PROBLEMS	201
0510	SPEECH DISTURBANCES	204
0511	OTHER DISEASES OF NERV. SYSTEM/SENSE ORGANS	206
0512	ORGANIC VISUAL PROBLEM	
0513	BINOCULAR VISUAL	
0514	REFRACTIVE	
0515	HYPEROPIA	201
0516	MYOPIA	201
0517	ASTIGMATISM	201
0518	NEEDS HEARING AID	202
0519	NEEDS GLASSES	201
0520	WEARS GLASSES	201 206
0521	WEARS HEARING AID	202
0522	REFERRAL	206
0523	AMBLYOPIA	
0524	ANISOMETROPIA	
0525	FAILED VISION SCREENING TEST	201
0526	FAILED HEARING SCREENING TEST	202
0527	WEARS CONTACT LENS	
0528	BITING NAILS	
0529	NERVOUS STOMACH	
0530	CEREBRAL PALSY	
0531	CONGENITAL CATARACT	
0532	PINK EYE	
0533	NEUROFIBROMATOSIS	
0534	COLOR BLINDNESS	
0700	DISEASES OF THE RESPIRATORY SYSTEM	
0701	ASTHMA	101 206
0702	INFLUENZA AND PNEUMONIA	206
0703	UPPER RESP. INFECTION, COLD, SORE THROAT, ETC.	206
0704	OTHER RESPIR. DISEASES	206
0705	CHEST PAINS	
1000	DISEASES OF THE SKIN-SUBCUTANEOUS TISSUE	
1001	IMPETIGO	206
1002	SCABIES	206
1003	RINGWORM	206
1004	DERMATITIS	206
1005	ECZEMA	206
1006	OTHER PROBLEMS OF SKIN/ SUBCUTANEOUS TISSUE	206
1007	INGROWN TOE NAIL	
0300	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	
0301	DIABETES MELLITUS	101 205 206
0302	MALNUTRITION/DEHYDRATN	101 205 206
0303	OBESITY	205
0304	OTHER ENDOCRINE NUTRIT/METABOLIC PROBLEMS	205 206
0305	HYPOGLYCEMIA	
2200	EXAMINATION - VISION,DENTAL, HEALTH + OTHER	
2201	AUDIO EXAMS	

CODE	HEALTH PROBLEM	EH LINKAGES
2202	MCT-VISION SCREENING	
2203	VISION SCREENING	
2204	TWO HR POST PRANDIAL GLUCOSE TS7	
2000	HEALTH PROBLEM SAMPLE	
2001	HEALTH PROBLEM SAMPLE	
0100	INFECTIVE AND PARASITIC DISEASES	
0101	DIPTHERIA	
0102	COCCIDIOIDOMYCOSIS	
0103	DIARRHEA	206
0104	SALMONELLA OR SHIGELLA	206
0105	HEPATITIS	206
0106	MEASLES	
0107	MUMPS	
0108	PEDICULOSIS	206
0109	PERTUSSIS	
0110	RUBELLA(GERMAN MEASLES)	
0111	VENEREAL DISEASE	206
0112	TRACHOMA	201 206
0113	TUBERCULOSIS, PULMONARY-ACTIVE	101 205 206
0114	TUBERCULOSIS, PULMONARY-INACTIVE	206
0115	TUBERCULOSIS, REACTOR / CONVERTER	206
0116	TUBERCULOSIS, EXTRA- PULMONARY	206
0117	TUBERCULOSIS, OTHER	206
0118	STREPTOCOCCAL INFECTNS	206
0119	OTHR INFECTIVE,PARASIT.	206
0120	ATHLETE'S FOOT	
0121	CHICKEN POX	
0122	CAPITIS	
0123	MENINGITIS	
0124	MALARIA	
0200	NEOPLASMS	
0201	MALIGNANT	206
0202	BENIGN	206
9900	SENSITIVE DATA	
1600	SUPPLEMENTARY CLASSIFICATION	
1601	HEALTH SUPERVISION	206
1602	PHYSICAL EVALUATION	206
1603	IMMUNIZATIONS	206
1604	AMPUTATION	101 203 206
1605	X-RAY	206
1606	EEG ELECTROENCEPHALOGRAM	
1607	TETANUS SHOT	
1608	MEDICATION PRESCRIBED	
1609	HEALTH REFERRAL	
1610	EMERGENCIES	
1611	ANTIBIOTICS	
1612	CHEST X-RAY	
1613	IMMUNIZATIONS REFUSED	
1900	SURGERY	
1901	TONSILLECTOMY	206

CODE	HEALTH PROBLEM	EH LINKAGES
1902	ADENOIDECTOMY	206
1903	T AND A	206
1904	MYRINGOTOMY	206
1905	MYRINGOTOMY BILATERAL	206
1906	APPENDECTOMY	206
1907	TYMPANOPLASTY	206
1908	CYSTOSCOPY	206
1300	SYMPTOMS, ILLNESSES--DEFINED CONDITIONS	
1301	CONVULSIVE DISORDERS	206
1302	HEADACHE	206
1303	INFESTATIONS, MITES	206
1304	INFESTATIONS, TICKS	206
1305	OTHER ILL-DEFINED COND.	206
1306	EPILEPSY	101 206
1307	ENLARGED TONSILS	206
1308	NOSE BLEED	
2100	WOMEN INFANT CHILDREN WIC	

TOTAL HEALTH PROBLEMS = 217.

CODE	HEALTH PROBLEM	EH LINKAGES
0100	INFECTIVE AND PARASITIC DISEASES	
0101	DIPTHERIA	
0102	COCCIDIOIDOMYCOSIS	
0103	DIARRHEA	206
0104	SALMONELLA OR SHIGELLA	206
0105	HEPATITIS	206
0106	MEASLES	
0107	MUMPS	
0108	PEDICULOSIS	206
0109	PERTUSSIS	
0110	RUBELLA(GERMAN MEASLES)	
0111	VENEREAL DISEASE	206
0112	TRACHOMA	201 206
0113	TUBERCULOSIS, PULMONARY-ACTIVE	101 205 206
0114	TUBERCULOSIS, PULMONARY-INACTIVE	206
0115	TUBERCULOSIS, REACTOR / CONVERTER	206
0116	TUBERCULOSIS, EXTRA- PULMONARY	206
0117	TUBERCULOSIS, OTHER	206
0118	STREPTOCOCCAL INFECTNS	206
0119	OTHR INFECTIVE,PARASIT.	206
0120	ATHLETE'S FOOT	
0121	CHICKEN POX	
0122	CAPITIS	
0123	MENINGITIS	
0124	MALARIA	
0200	NEOPLASMS	
0201	MALIGNANT	206
0202	BENIGN	206
0300	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	
0301	DIABETES MELLITUS	101 205 206
0302	MALNUTRITION/DEHYDRATN	101 205 206
0303	OBESITY	205
0304	OTHER ENDOCRINE NUTRIT/METABOLIC PROBLEMS	205 206
0305	HYPOGLYCEMIA	
0400	DISEASES OF THE BLOOD FORMING ORGANS	
0401	SICKLE CELL ANEMIA	101 203 206
0402	HEMOPHILIA	101 203 206
0403	LEUKEMIA	101 203 206
0404	ANEMIA	101 203 206
0405	GLYCEMA	101 203 206
0500	DISEASES OF THE NERVOUS SYSTEM	
0501	PARAPLEGIC/QUADRAPLEGIC	101 203 204 206
0502	BLIND/PARTIALLY BLIND	201 203
0503	CATARACT (EXCEPT CONGENITAL)	201 203
0504	DEAF/PARTIALLY DEAF	202
0505	GLAUCOMA	201
0506	MTR NEURON DISORDER(INC POST-POLIO)MTR IMPRMNT	101 203
0507	OTITIS MEDIA	202
0508	OTHER EAR PROBLEMS	202
0509	OTHER EYE PROBLEMS	201

CODE	HEALTH PROBLEM	EH LINKAGES
0510	SPEECH DISTURBANCES	204
0511	OTHER DISEASES OF NERV. SYSTEM/SENSE ORGANS	206
0512	ORGANIC VISUAL PROBLEM	
0513	BINOCULAR VISUAL	
0514	REFRACTIVE	
0515	HYPEROPIA	201
0516	MYOPIA	201
0517	ASTIGMATISM	201
0518	NEEDS HEARING AID	202
0519	NEEDS GLASSES	201
0520	WEARS GLASSES	201 206
0521	WEARS HEARING AID	202
0522	REFERRAL	206
0523	AMBLYOPIA	
0524	ANISOMETROPIA	
0525	FAILED VISION SCREENING TEST	201
0526	FAILED HEARING SCREENING TEST	202
0527	WEARS CONTACT LENS	
0528	BITING NAILS	
0529	NERVOUS STOMACH	
0530	CEREBRAL PALSY	
0531	CONGENITAL CATARACT	
0532	PINK EYE	
0533	NEUROFIBROMATOSIS	
0534	COLOR BLINDNESS	
0600	DISEASES OF THE CIRCULATORY SYSTEM	
0601	CARDIOVASCULAR DISEASES	101
0602	CEREBRAL VASC. ACCIDENT	206
0603	HYPERTENSION	206
0604	RHEUMATIC FEVER/RHEUMA-TIC HEART DISEASE	101 206
0605	OTHER PROBS OF CIRCULA-TORY SYSTEM/OTHER HEART	206
0700	DISEASES OF THE RESPIRATORY SYSTEM	
0701	ASTHMA	101 206
0702	INFLUENZA AND PNEUMONIA	206
0703	UPPER RESP. INFECTION, COLD, SORE THROAT, ETC.	206
0704	OTHER RESPIR. DISEASES	206
0705	CHEST PAINS	
0800	DISEASES OF THE DIGESTIVE SYSTEM	
0801	DISEASES OF THE LIVER	206
0802	GASTROENTERITIS/COLITIS	
0803	OTHER PROB OF DIGESTIVE SYSTEM	206
0804	ESOPHAGUS MALFUNCTION	
0805	DRAIN PLUGGED SALIVARY GLAND	
0900	DISEASES OF THE GENITO-URINARY SYSTEM	
0901	DISEASES OF THE KIDNEY/ BLADDER	206
0902	DISEASES OF GENITAL ORG	206
0903	OTHER GENITO-URINARY	206
0904	HYDROCELE	
1000	DISEASES OF THE SKIN-SUBCUTANEOUS TISSUE	
1001	IMPETIGO	206

CODE	HEALTH PROBLEM	EH LINKAGES
1002	SCABIES	206
1003	RINGWORM	206
1004	DERMATITIS	206
1005	ECZEMA	206
1006	OTHER PROBLEMS OF SKIN/ SUBCUTANEOUS TISSUE	206
1007	INGROWN TOE NAIL	
1100	DISEASES OF MUSCULO-SKELETAL SYSTEM	
1101	ARTHRITIS/RHEUMATISM	101 203
1102	OTHER DISEASES OF THE MUSCULO-SKELETAL SYSTEM	101 203
1103	SCOLIOSIS SCREENING	
1104	LEG PERTHES	
1105	SCOLIOSIS SCREENING-NEGATIVE	
1106	LORDOSIS SCREENING	
1107	PODIATRIC SCREENING	
1108	OSGOOD SCHLATTERS DISEASE	
1109	SPINAL SCOLIOSIS	
1110	ARTHROGRIPOSIS	
1200	CONGENITAL ANOMALIES	
1201	CARDIO-VASCULAR (HEART DEFECT)	101 206
1202	CONGENITAL HIP (POSSIBL MOTOR IMPAIRMENT)	203
1203	CLEFT LIP/PALATE (POSS. SPEECH IMPAIRMENT)	204
1204	OTH CONGENIT. ANAMOLIES	206
1205	HERNIA	101 206
1206	UMBILICAL HERNIA	101 206
1207	NYSTAGMUS	201
1208	STRABISMUS	201
1209	HEART MURMUR	
1210	FLAT FOOTED	
1211	FAILURE TO THRIVE	
1300	SYMPTOMS, ILLNESSES--DEFINED CONDITIONS	
1301	CONVULSIVE DISORDERS	206
1302	HEADACHE	206
1303	INFESTATIONS, MITES	206
1304	INFESTATIONS, TICKS	206
1305	OTHER ILL-DEFINED COND.	206
1306	EPILEPSY	101 206
1307	ENLARGED TONSILS	206
1308	NOSE BLEED	
1400	ACCIDENTS, TRAUMA AND INJURIES	
1401	FRACTS. OF SKULL,SPINE,AND TRUNK	206
1402	FRACTS. OF EXTREMITIES	206
1403	DISLOC, SPRAIN, STRAIN	206
1404	LACERATION, OPEN WOUND	206
1405	BURNS	206
1406	POISONING-TOXIC EFFECT	206
1500	ALLERGIC CONDITIONS TO EXTRANEOUS AGENTS	
1501	DETERGENTS	206
1502	OILS AND GREASE	206
1503	SOLVENTS	206
1504	DRUGS	206

CODE	HEALTH PROBLEM	EH LINKAGES
1505	CHEMICALS	206
1506	FOODS	205 206
1507	PLANTS	206
1508	ANIMALS	206
1509	ULTRA-VIOLET RADIATION (EXCEPT SUNBURN)	206
1510	UNSPECIFIED CAUSE	206
1511	ASA ASPIRIN	206
1512	PENICILLIN	206
1513	INSECTS	206
1514	WASP OR BEE STINGS	206
1515	HORSE SERUM	
1600	SUPPLEMENTARY CLASSIFICATION	
1601	HEALTH SUPERVISION	206
1602	PHYSICAL EVALUATION	206
1603	IMMUNIZATIONS	206
1604	AMPUTATION	101 203 206
1605	X-RAY	206
1606	EEG ELECTROENCEPHALOGRAM	
1607	TETANUS SHOT	
1608	MEDICATION PRESCRIBED	
1609	HEALTH REFERRAL	
1610	EMERGENCIES	
1611	ANTIBIOTICS	
1612	CHEST X-RAY	
1613	IMMUNIZATIONS REFUSED	
1700	DENTAL HEALTH	205 206
1701	EXTRACTION	
1702	FILLINGS	
1703	PARTIAL	
1704	DENTURES	
1705	BRACES	
1706	PROPHYLAXIS	
1707	PERMANENT BRIDGE	
1708	POOT CANAL	
1709	CAPPING	
1710	REFERRAL	
1711	CAVITIES	
1712	FAILED DENTAL SCREENING	
1713	FLOURIDE SCREENING	
1714	FLOURIDE TREATMENT	
1715	FLOURIDE RINSE	
1716	DENTAL SCREENING	
1717	ABSCESS SCREENING	
1718	PULPOTOMY	
1800	COMMUNICATIVE DISORDERS	204
1801	DISORD ARTICULATION	204
1802	DISORDERS OF VOICE	204
1803	DISORD LANG. SYMBOLIZAT	204
1804	DISORD RHYTHM (STUTTER)	204
1900	SURGERY	

CODE	HEALTH PROBLEM	EH LINKAGES
1901	TONSILLECTOMY	206
1902	ADENOIDECTOMY	206
1903	T AND A	206
1904	MYRINGOTOMY	206
1905	MYRINGOTOMY BILATERAL	206
1906	APPENDECTOMY	206
1907	TYMPANOPLASTY	206
1908	CYSTOSCOPY	206
2000	HEALTH PROBLEM SAMPLE	
2001	HEALTH PROBLEM SAMPLE	
2100	WOMEN INFANT CHILDREN WIC	
2200	EXAMINATION - VISION,DENTAL, HEALTH + OTHER	
2201	AUDIO EXAMS	
2202	MCT-VISION SCREENING	
2203	VISION SCREENING	
2204	TWO HR POST PRANDIAL GLUCOSE TS7	
9900	SENSITIVE DATA	

TOTAL HEALTH PROBLEMS = 217.

Medical Computer Data Procedures

1. Medical forms are to be maintained according to regulations on confidentiality.

2. Age section can not be greater than the child's birthday.

Example:

The nurse cannot put information under matrix 07, on February 24, 1978 before the child's actual seventh birthdate, which may not be until October 2, 1978. (Holds true regardless whether this is child's seventh physical exam or seventh time this category has had information recorded.)

3. If contact data is to be retained, the "dormant/maintained" column should be marked. Contact data can be erased by marking the "resolved" column.

4. Corrections must be made with a red pen. Deletions are made by drawing a red line through the existing data.

5. Abnormal numerical B/P, weight, vision, etc. should be entered under "contact data." (lower right)

6. Do not put in specific date for follow-up; use appropriate code and computer will type date in automatically.

7. The top copy of the MSRTS form is submitted for update. The carbon copy is retained by the recorder for checking the accuracy of updated entries.

8. All medical MSRTS records submitted for "up-dating" should be marked "Priority" (insures faster return).

9. Each migrant child must have a medical MSRTS record on file.

10. The computer will automatically print months under "06" if a student is under the age of one year.

11. Records are retained for five years.

12. Negative Tine tests are entered on the "HM section," "NA" while positive Tine tests are entered "AB." Follow-up data is entered under the "HM section."

MIGRANT HANDBOOK FOR THE

LOUISIANA WIC PROGRAM

MIGRANTS

Nationally, the Women, Infants and Children (WIC) Program has set up a special procedure to serve migrants throughout the United States as they move from state to state and county (parish) to county.

This handbook details all aspects of certification, delivery of services and transfer of information for migrants. The primary difference between service to other WIC patients and migrants is that migrants will receive a numbered, sequential "Verification of Certification" (VOC) card, and those migrants with a current VOC card will be given priority for health services and issuance of vouchers.

What is a migrant?

A migrant is defined in three ways with six status levels. These definitions are:

True Interstate - A pregnant or post-partum woman, infant or child who has moved with a parent/guardian within the past year across state boundaries in order that she/he or a parent/guardian or member of her/his immediate family might secure temporary or seasonal employment in agriculture/ fishing or in related food processing activities.

Status 1 - Interstate agriculture
Status 4 - Interstate fishing

True Intrastate - A pregnant or post-partum woman, infant or child who has moved with a parent/guardian within the past year across school district boundaries within a state in order that she/he or a parent/guardian or member of her/his immediate family might secure temporary employment in agriculture/fishing or in related food processing activities.

Status 2 - Intrastate agriculture
Status 5 - Intrastate fishing

A third type of migrant, defined as Formerly Migratory, will not be considered as a migrant in the Louisiana WIC Program.

Formerly migratory (five year migrants) - A pregnant or post-partum woman, infant or child who has been an interstate or an intrastate migrant as defined above; but who, along with his/her family, has ceased to migrate within the last five years and now resides in an area in which a program for migratory children is to be provided.

Status 3 - Formerly agriculture
Status 6 - Formerly fishing

How do you determine who is a migrant?

A person may be determined to be a migrant in any state that provides WIC services. In Louisiana, a person will be determined to be a migrant by the Department of Education. The migrant will be issued a referral form entitled "Louisiana Migrant Education Referral Form." (See attached referral form originated by the State School Board, Appendix A.) Staff in health units will not be requested to determine migrant status, but will accept this referral form. If when interviewing a patient attending clinic or applying for WIC services it becomes apparent that she qualifies as a migrant according to the preceding definitions, document the information in the medical record and handle as if you had received a referral form. A copy of the referral form can be fourd in Attachment 1. What you will be issuing to some migrants is a Verification of Certification card.

What do you do when migrants request WIC services with this referral form?

First, LOOK at the form. Applicants with status 1, 2, 4 or 5 will be considered migrants in the WIC Program. They must be given an appointment for certification and issued vouchers if eligible, within ten (10) days. Status 3 or 6 (Formerly Migratory) will not be considered migrant in Louisiana. They are, however, still eligible for WIC services and should be processed the same as anyone else who requests WIC services.

O.K., I have this form, and the migrant is status 1, 2, 4, or 5. Now what?

First, ask the migrant if she will be leaving the parish within the next six months. If she will be then you need to issue her a Verification of Certification card. (See next question.) If she is sure she will not be leaving the parish within the next six months, then enroll her in WIC the same as any other participant but copy the Migrant Education Referral Form and put it in her record. There is no need to issue a VOC card to a status 1, 2, 4 or 5 migrant unless she will be leaving the parish. Later, if she decides to leave within a six-month period, then you can issue her a Verification of Certification card. Be sure to remind her to come to the health unit for a VOC card if she will be leaving.

What are Verification of Certification cards?

Verification of Certification cards are identification cards to be used nation-wide to assure that migrants continue to receive WIC benefits no matter where they may travel while looking for work. You may see, and must accept, VOC cards from ANYWHERE IN THE UNITED STATES. Migrants who request services and have a current card must be served within ten (10) days NO MATTER WHAT. If the certification period is current, you do not have to re-certify. Provide needed health services and issue vouchers. Louisiana vouchers cannot be redeemed outside Louisiana. So issue vouchers for the time they expect to be in Louisiana, but for not more than three months. Be certain they understand how to use Louisiana vouchers since WIC Programs differ from state to state.

Verification of Certification (VOC) cards are sequentially numbered cards to be given to certified migrants if and when they will be leaving the service area (parish).

How do I handle these cards?

The same security used for vouchers must be used for VOC cards. The cards are to be kept locked and must be used sequentially. Each health unit will be issued five VOC cards. Each health unit is to keep a permanent inventory of VOC cards. This inventory must be kept on the attached form, WIC-7 (see Appendix B), similar to the WIC-2 voucher listing. The five VOC cards and three copies of WIC-7 will be sent to each health unit from Nutritionist Services. Immediately, sign the top copy of the "Verification of Certification Card Listing," form WIC-7, and return it to Nutritionist Services. Keep the other two copies of WIC-7 for issuance recording and inventory control.

How do I complete the WIC-1 for a migrant?

The VOC card number must be listed at the bottom of the WIC-1 under "comments." The "date first entered on WIC" should be the first date the participant began receiving WIC services in Louisiana. The mailing address on the WIC-1 should be the local address. If the participant has a permanent address, or if the address on the VOC card is different, list this at the bottom under "comment." Everything else on the WIC-1 should be filled out the same as for a regular patient.

How do I complete the WIC-1a for a migrant?

On the WIC-1a, consider the family income over the last twelve months and divide by 12. Try to get as accurate a determination as possible. Very few, if any, migrant families are expected to have an income over the guidelines. If a migrant has a current VOC card, then the income criteria in the agency where originally certified is met. Therefore, do not fill out a WIC-1a on a migrant until six-months certification is due to be renewed.

What do I do with the Referral Form?

A copy of the Referral Form from the State Department of Education must be in the migrant's chart.

How do I fill out the VOC card?

The VOC card must be signed by a professional health authority (doctor, nurse or nutritionist).

FRONT

1) Certification No. - This is the sequential number for all cards nation-wide.
Put the proper name next to number on the "VOC Card Listing" form WIC-7.

2) Name - put full legal name of participant (patient).

PRINT

3) Date of birth - self-explanatory.

4) Participant's signature - have her sign it while you watch. This must be the same person who signs the vouchers; not necessarily the same name as the "patient."

5) Local Agency - put the Health Unit's name and address. If it is a branch office, put that address.

6) State - Louisiana.

7) Telephone number - put your local number and area code.

BACK

1) Certification dates

Beginning: Put the date they were certified WIC eligible in Louisiana.

Ending: Put six months from the beginning date. Exception: for pregnant women, the beginning certification date should indicate the initial date of certification, and the end certification date should indicate the estimated date of the termination of pregnancy, plus six weeks; post-partum ending date is six months after delivery.

2) Second line is for certification dates

If the first line is filled in, put the recertification dates here, as long as the migrant is being recertified in the same health unit. If the participant had been previously certified in another agency

(another address) issue a new card and put your local address. Void the old card and send it to Nutritionist Services in your Monday package.

3) Nutritional risk reason

Put REASON, not risk code number.

4) Local Agency Official's Signature

The same person who certifies the participant and signs the WIC-1 must sign this card.

5) Local Agency Official's Name

Print or type your name just as you sign it and put your title.

A migrant has just requested WIC services with a VOC card from another state. What do I do?

A migrant may request WIC services with a current VOC card. This card may be exactly like the one we use in Louisiana, but not necessarily. If the card is not exactly the same, it will contain the same information. In any case, ACCEPT it. Then ask her if she has any vouchers (food instruments) from any other state. If she has food instruments from any other state, take the instruments, VOID THEM, and mail them to Nutritionist Services. The migrant cannot use another state's food instrument in Louisiana, so this should be no problem.

Second, open a chart on the patient, filling out a WIC-1 and WIC-1a. (Refer to How do I Handle These Cards?) It is not necessary to get the patient's height, weight and hemoglobin. Third, issue only enough vouchers to last as long as the migrant plans to stay in Louisiana, BUT NOT FOR MORE THAN THREE MONTHS. Fourth, arrange for the migrant to receive appropriate medical services if not right then, appoint her to the next appropriate clinic. The patient's height, weight and hemoglobin should be determined when she comes in for the on-going health services.

A MIGRANT WITH A CURRENT VOC CARD IS ALREADY CERTIFIED UNTIL THE LAST DATE ON THE BACK OF THE CARD. Therefore, a certification procedure

by the health unit staff is not necessary until the certification expires. Then the migrant should be recertified the same as a regular participant. A migrant with an expired VOC card must be recertified before vouchers are issued, but this must be done within 10 days after she has requested services:

What do I do with expired VOC cards?

Void the cards and send them to Nutritionist Services, no matter where the card came from.

The migrant says she had a card but lost it. What do I do?

Try to contact the agency where the migrant had been certified. If that is unsuccessful or impossible, the regular certification procedure should be followed, but within 10 working days of the request for services. If the migrant lost her card from your health unit, document this and issue her a new one.

Where can I get more medical information on the patient?

Try to contact the agency listed on the VOC card. If this is unsuccessful, contact Nutritionist Services.

Where does a migrant fit in the priority system?

A migrant with a current VOC card must be issued vouchers immediately after she requests WIC services. She should receive health services as soon as possible. This is true even if there is a current waiting list.

A migrant with an expired VOC card or no card at all should be given services within 10 days, if there is no waiting list. If there is a waiting list, the migrant should be placed in the appropriate priority category and served as soon as possible. In other words, a migrant with a current VOC card is served before any other patient but a migrant without a current VOC card is given an appointment.

How do I fill out the VOC Card Listing (WIC-7)? (Appendix B).

The VOC Card Listing is the inventory list and also your issuance record. When you receive VOC cards, you will receive them in packs of five. Please sign these WIC-7 forms, and return the top copy to Nutritionist Services IMMEDIATELY. Signature must be on all three copies. The second copy is to be sent to Nutritionist Services each June 30th and December 31st. When migrants are issued vouchers, list the date issued and voucher numbers.

How do I order more VOC cards?

The migrant population participating in WIC in Louisiana who will be moving out of parish or out of state is expected to be very small. Therefore, each health unit should only keep five cards on hand for the time being. When it is necessary to order more VOC cards, please contact Nutritionist Services by phone or letter and indicate how many you will need. No special order forms are necessary.

What do I do if the migrant cannot write?

If a migrant cannot write, follow the same procedure for witnessing the VOC card as you do for vouchers. This procedure was stated in a memo of 2/21/78 and is:

"When the person to whom a WIC voucher is being issued cannot sign her name, she must make her mark and provide a witness to sign the voucher. The same witness must sign at the health unit and the grocery store. Unless there are unusual circumstances, the witness should not be a health unit employee. The exception to this is if the voucher receiver cannot find anyone else to witness, she may arrange with a CAW (Nutrition Aide) to witness at the health unit and go to the grocery store with her at a prearranged time. This is to be a temporary solution based on individual need. Under no circumstances can the same health unit employee issue the voucher and witness the recipient's mark."

Obviously, the person who witnesses the VOC card must be another family member or someone who will be traveling with the family when they leave the area.

Important points to remember!

1) A migrant must be seen within 10 working days after WIC services have been requested.

2) Do not give a migrant a VOC card unless she is leaving the parish and/or state.

3) Issue only the number of vouchers the migrant can use in Louisiana, but not more than three months' worth.

4) Vouchers must be issued at the time a current VOC card is presented at the health unit.

5) If a VOC card is issued at your health unit, list the vouchers issued on the "VOC Card Listing" next to the appropriate VOC card number.

6) Every WIC participant receives his/her own card, even if two or more are in the same family.

7) Be sure to explain the use of the vouchers to the migrant. Vouchers in other states are different from Louisiana vouchers and the participants may not know how to use Louisiana vouchers.

LOUISIANA MIGRANT EDUCATION

REFERRAL FORM

According to the Office of Education, Department of Health, Education and Welfare under Title I of the Elementary and Secondary Education Act of 1965, and the definition set forth, the following are migrants in the State of Louisiana.

Parent or Guardian: Father _____
Last Name First Name

Mother _____
Last Name First Name

Child's Last Name, First Name	Birthdate	Status
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Date _____

_____
Signature of Project Official

WIC-7

VERIFICATION OF CERTIFICATION CARD LISTING
(Louisiana Migrant Services)

_____ Parish Health Unit _____ Branch Office

(Fill out in duplicate. Send original to Nutritionist Services July 1st and January 1st.)

Date VOC Card Issued	Race	VOC Card Number	VOC Card Valid Period	Code (WBIC)	New or Reissued	Name	First Issued Voucher No. & Issue Date	Second Issued Voucher No. & Issue Date
		1)						
		2)						
		3)						
		4)						
		5)						

Fill in voucher numbers on this form when you issue vouchers to a migrant participant who has a current VOC card. Please be sure to match the correct name with the VOC card number. This form is the issuance list and also inventory control. Keep on permanent file. Sign and return the copy when you receive your shipment.

VOC CARDS Received:
Date: _____
Signed: _____

BEST COPY AVAILABLE